

Seattle Cancer Care Alliance
Administrative Policies and Operating Procedures

Section: Administration
Policy Title: Charity Care

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DEPARTMENT OF
Center for Health Statistics

Policy

Seattle Cancer Care Alliance ("SCCA") provides health care appropriate for the special needs of cancer patients. The Charity Care Policy is intended to ensure that residents of Washington State who are at or near the federal poverty level receive appropriate hospital-based medical services at a cost that is based on their ability to pay. Financial assistance is provided to these patients based upon family need and SCCA's resources. In order to protect the integrity of SCCA's operations and fulfill this commitment, SCCA has established the following criteria for the provision of charity care, consistent with the requirements of Chapter 246-453 WAC. These criteria will assist the staff in making consistent, and objective decisions regarding eligibility for charity care while ensuring the maintenance of a sound financial base.

Definitions:

"Charity care" means appropriate hospital-based medical services provided to indigent persons.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- (b) Serious impairment of bodily functions;
- (c) Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

- (d) That there is inadequate time to effect a safe transfer to another hospital before delivery; or
- (e) That transfer may pose a threat to the health or safety of the woman or the unborn child.

"Appropriate hospital-based medical services" means those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable

for the person requesting the service. For purpose of this definition, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

"Income" means total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

"Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family.

Eligibility Criteria for Charity Care:

The following patients shall not be eligible for charity care under this policy:

1. Patients who come to Washington State solely for the purpose of seeking medical services;
2. Patients who request any service other than appropriate hospital-based medical services; and
3. Patients who request elective, investigational or experimental forms of treatment.

The following patients may be eligible for charity care under this policy notwithstanding the fact they are not residents of the State of Washington:

1. Patients who have an emergency medical condition; and
2. Patients who are refugees, asylees or seeking asylum and provide appropriate INS documentation.

Charity care is secondary to all other funding sources available to the patient including but not limited to the following:

1. Group or individual health plans including the Washington State Basic Health Plan;
2. Medicare (Title XVIII);
3. Medicaid (Title XIX);
4. Crime victims programs
5. Other federal, state, or military programs such as CHAMPUS or Washington State Kidney Disease Program;
6. Third party liability payments arising from auto accidents, other personal injuries or other claims;
7. Workers compensation programs;
8. Any other persons or entities who may have a legal responsibility to pay for the medical service;
9. Personal financial resources including, but not limited to, cash assets, money market accounts, home equity and/or employer related savings accounts);
10. Designated grant funds for which the patient would be eligible; and

11. Any other circumstances in which another person or entity may have legal responsibility to pay for the cost of medical services.

Before being considered for charity care, the patient's eligibility (or the party responsible for payment) for third party payment coverage will be assessed and the patient (or the party responsible for payment) may be required to apply for coverage under those programs for which he or she is eligible. Patients who fail to comply with the charity care application requirements, may be denied charity care.

If the patient's eligibility for charity care is apparent, SCCA may, in its sole discretion, choose to waive some or all of the documentation and verification requirements. Examples of circumstances in which the patient's eligibility for charity care may be apparent include the following:

1. A patient or guarantor who has declared bankruptcy and has included the SCCA debt in the bankruptcy.
2. A patient or guarantor who dies without material assets.
3. A patient or guarantor who is determined to be homeless.
4. Accounts returned by the collection agency as uncollectible due to any of the above reasons.

SCCA staff discretion will be exercised in situations where factors such as social or health issues exist. Such issues will be documented to support charity consideration.

Written denials (or oral denials followed by written documentation) of all potentially pertinent funding sources must be provided prior to the patient being eligible to receive charity care. Assessment of a patient's eligibility for charity care will be made without regard to the patient's race, sex, creed, ethnicity, religion, age or sexual orientation.

Financial Criteria

In accordance with WAC 246-453-040 and subject to SCCA financial resources, patients will be eligible to be considered for charity care if they submit the necessary application and if the party responsible for payment has a family income at or below 300% of the federal poverty standard as adjusted for family size. If the party responsible for payment has a family income at or below 200% of the federal poverty standard as adjusted for family size, the patient will be eligible for charity care in the amount equal to the unpaid balance remaining after all sources of third party coverage and sponsorship have been exhausted. If the party responsible for payment has a family income between 200% and 300% of the federal poverty standard as adjusted for family size, the patient will be eligible for charity care based on a sliding fee scale for the unpaid balance remaining after all sources of third party coverage and sponsorship have been exhausted. Responsible parties whose income exceeds 300% of the federal poverty standard as adjusted for family size but who have incurred catastrophic account balances after all sources of third party coverage and sponsorship will be considered for charity care on a case by case basis.

The determination of eligibility for charity care will be applicable for the episode of care identified at the point of determination. Responsible parties can reapply at any time.

Eligibility Determination:

Forms and instructions to complete final determination will be furnished to the responsible party when charity care is requested; or when financial screening indicates potential need.

Persons who submit an application for charity and who are initially determined to be eligible for charity will be allowed ten calendar days to complete the application process. This application, along with full disclosure of their financial status with supporting documentation, will be considered in the final determination of eligibility.

While a charity application is in process, SCCA will continue to bill the patient as a self-pay patient. However, the patient will not be referred to a collection agency while the charity application is in process.

Income documentation verifying information on the Confidential Financial Information Form ("CF") may be requested. When requested, the verification documentation will include payroll check stubs (most recent two months). Responsible parties may submit one or more of the following items in lieu of or in addition to payroll information:

1. IRS tax return (most recent year);
2. W-2 withholding statement;
3. Forms approving or denying eligibility for Medicaid and/or state funded assistance;
4. Forms approving or denying eligibility for unemployment compensation; or
5. Written statements from employers or welfare agencies.

In addition to the documentation listed above, the following may be requested:

1. Personal ID (Driver's License, Photo ID, Passport, Birth certificate);
2. Social Security Number;
3. Most recent rent/mortgage verification;
4. Most recent utility verification;
5. Cash surrender value of life insurance policy;
6. Current bank statement (checking, savings, CD);
7. Stocks, bonds, IRA and other investments; and
8. Letter of support and/or other documentation regarding living situation if the CF indicates no income or assets.

In the event that the responsible party is not able to provide any of the documentation listed above, a written and signed attestation from the responsible party certifying his or her income may be relied upon.

The responsible party will be required to provide written verification of ineligibility for all other sources of funding.

All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form. Determination of eligibility will be made by the patient accounting department.

SCCA will provide a final determination in writing, including the amount for which the patient will be financially responsible, within fourteen days of receipt of all application and documentation material. Denials, including the basis for denial, will be written and will include the following instructions for appeal or reconsideration:

The responsible party may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the SCCA chief financial officer within thirty days of receipt of notification. All appeals will be reviewed by the SCCA appeals committee for final determination. If this determination affirms the previous denial of charity care, written notification will be sent to the responsible party and the Department of Health in accordance with state law.

If a request has been denied, no collection activities will be initiated for 14 days after the denial has been communicated. If an appeal is filed, collection activities will cease until the appeal is finalized.

Notification:

Access to emergency care will not be delayed or denied based on a patient's ability to pay for services or determination of the individual's sponsorship status.

In accordance with WAC 246-453-020, SCCA will provide an individual notice to each person who seeks inpatient or outpatient services on behalf of himself or herself. SCCA will post signs in appropriate public areas within the hospital notifying the public of the Charity Care Policy.

Approval

Director: Jonathan Tingstad

Process Owner: Jonathan Tingstad

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